STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM State of VERMONT

		State of	VERMONT		
ATTORNEY	GENERAL'	'S CERTIFICATION			
======					
I certif	y that:				
Sta	te agency	Agency of Huma responsible for:		is the single	
[X]	adminis	stering the plan.			
		gal authority unde ide basis is	er which the agency adm	ninisters the plan on a	
	33 VSA,	\$212, 3002, 3053, \$2504, 2505 Chapter 36	3085		
	33 1011		itutory citation)		
[]		supervising the administration of the plan by local political subdivisions.			
	The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in				
		(statutory citation) The agency's legal authority to make rules and regulations that are binding on the political subdivisions administering the plan is			
		(statutory citation)			
	June 3,	1986			
DATE					
			Signature Signature	I must have	
			Assistant Atto	orney General	
	=== ===				
TN	86-4	_	Effective date _		
Supersedes TN		74-7	Approval date	7-2-16	